



Canton Local School District

600 Faircrest St SE • Canton, Ohio 44707

Phone 330.484.8010 • Fax 330.484.8032

cantonlocal.org

Stephen Milano, Superintendent

Jason Schatzel, Treasurer

Permission to Test

Student Name: _____

Student Grade: _____ Teacher: _____

School Building:

Walker Elementary School

Faircrest Memorial Middle School

Canton South High School

Dear Parents/Guardians,

Your child has been referred for testing for gifted identification. The State of Ohio requires that we identify students in grades K-12 that are gifted and talented in any of four areas: superior cognitive, specific academic, creative thinking, and/or visual and performing arts.

Assessment is required for identification purposes and student scores must meet guidelines set forth by the State of Ohio.

I understand that if I grant permission, my child will receive assessment(s) by designated school personnel and that the information may be shared with teachers, principals, and other appropriate school personnel. I will be informed of whether or not my child qualifies according to the State of Ohio criteria for gifted identification.

Permission is given to conduct the assessment(s)

Permission is denied

Signature

Date

Please Return This Form to the School Office Attn: Melissa Kalb, Gifted Coordinator

Pride. Innovation. **Future**

